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NEWS NOTES

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**LEADING PHYSICIANS AND SURGEONS NAMED
AS CONSULTANTS TO SECRETARY OF WAR**

Appointment of 58 prominent civilian surgeons and 16 leading civilian physicians as consultants to the Secretary of War through The Surgeon General was announced by the War Department.

The surgeons and physicians, all of whom are specialists in their respective fields, are for the most part former Medical Corps officers who served with distinction during the war. Located strategically throughout the country, they were appointed as part of the Army Medical Department's program to maintain the highest possible standards of medical practice. Their aim will be to evaluate, promote and improve, wherever possible, the quality of medical care given the American soldier.

Major General Norman T. Kirk, The Surgeon General, under whose direction the armed services' medical consultant program was initiated during the war, termed the selections an important step in the advancement of military medicine. As the Army enlarges its program, more specialists will be named to consultant rosters in surgery, medicine and neuropsychiatry.

Throughout the war, civilian and military medical experts constantly checked conditions and recommended improvements in the Army's medical program. The same consultant program is also practiced overseas, with commanders vested with authority to assign medical experts from within the Army as consultants or employ the services of known medical leaders from civilian populations abroad.

The surgeons whose appointments were announced today are associated with the Surgical Consultants Division, Office of the Surgeon General, of which Colonel Frank L. Coley, Medical Corps, is Director. The physicians are in the Medical Consultants Division, Office of the Surgeon General, of which Colonel Arden Freer, Medical Corps, is Director.

MORE

LEADING PHYSICIANS & SURGEONS NAMED AS CONSULTANTS TO SEC. OF WAR (Cont'd)

Appointees as general surgical consultants and their specialities are:

Dr. Henry K. Beecher, Massachusetts General Hospital, Boston, Mass., anesthesia; Dr. Sterling Bunnell, 516 Sutter St., San Francisco, Calif., plastic surgery; Dr. Edward D. Churchill, Massachusetts General Hospital, Boston, Mass., general surgery; Dr. Paul E. Klopsteg, 2424 Lincolnwood Dr., Evanston, Ill., orthopedics; Dr. Norton Canfield, New Haven Hospital, New Haven, Conn., otolaryngology; Dr. Champ Lyons, Tulane University Medical School, New Orleans, La., general surgery; Dr. M. Elliott Randolph, 11 E. Chase St., Baltimore, Md., ophthalmology; Dr. R. Glen Spurling, Heyburn Building, Louisville, Ky., neurosurgery; Dr. Derrick T. Vail, 55 E. Washington St., Chicago, Ill., ophthalmology; Dr. Phillip D. Wilson, 321 E. 42nd St., New York City, orthopedics; Dr. Michael E. DeBakey, Tulane University, New Orleans, La., general surgery and military surgery history; Dr. Frank D. Lathrop, 605 Commonwealth Avenue, Boston, Mass., otolaryngology.

Appointees to specified Army Areas and their specialties are:

First Army Area: Dr. Mather Cleveland, 115 E. 11th St., New York City, orthopedics; Dr. James L. Pool, 121 E. 60th St., New York City, neurosurgery; Dr. Fiorindo F. Simeone, Massachusetts General Hospital, Boston, Mass., general surgery; Dr. James E. Thompson, 30 E. 72nd St., New York City, general surgery; Dr. Frank B. Berry, Columbia Medical Center, New York City, general surgery.

Second Army Area: Dr. Claude S. Beck, Lakeside Hospital, Cleveland, Ohio; general surgery; Dr. George A. Stewart, 3301 N. Charles St., Baltimore, Md., general surgery; Dr. I. Ridgeway Trimble, 8 W. Madison St., Baltimore, Md., general surgery.

Third Army Area: Dr. Daniel C. Elkin, Emory University, Atlanta, Ga., general surgery; Dr. John D. Martin, Emory University Hospital, Atlanta, Ga., general surgery; Dr. Howard E. Snyder, Wihfield, Kansas, general surgery.

Fourth Army Area: Dr. Oscar P. Hampton, Jr., 3720 Washington Blvd., St. Louis, Mo., orthopedics; Dr. Robert M. Moore, 927 Avenue B, Galveston, Texas, general surgery.

Fifth Army Area: Dr. Joseph W. Gale, Wisconsin General Hospital, Madison, Wis., general surgery; Dr. Henry G. Hollenberg, 3421 Hill Rd., Little Rock, Ark., general surgery; Dr. James M. Winfield, College of Medicine, Wayne University, Detroit, Mich., general surgery.

Sixth Army Area: Dr. Meridith Beaver, 2 W. Fern Avenue, Redlands, Calif., general surgery; Dr. Carleton Mathewson, San Francisco Hospital, San Francisco, Calif., general surgery; Dr. Gordon K. Smith, 1136 W. 6th St., Los Angeles, Calif., general surgery.

LEADING PHYSICIANS & SURGEONS NAMED AS CONSULTANTS TO SEC. OF WAR (Cont'd)

Appointees who will instruct military medical personnel in Army hospitals on special subjects and serve as Army hospital staff consultants are:

Army and Navy General Hospital, Hot Springs, Ar.; Dr. Henry G. Hollenberg, 3421 Hill Rd., Little Rock, Ark., surgery.

Brooke General Hospital, Fort Sam Houston, Texas: Dr. Roy G. Giles, Medical Arts Building, San Antonio, Tex., X-ray; Dr. John L. Matthews, Nix Building, San Antonio, ophthalmology; Dr. Samuel F. Moore, 327 Wild Rose St., San Antonio, obstetrics; Dr. Lawrence M. Shefts, Moore Building, San Antonio, thoracic surgery; Dr. Walter G. Stuck, orthopedics and Dr. Charles S. Venable, general surgery, both in Nix Building, San Antonio.

Gushing General Hospital, Framingham, Mass.: Dr. Donald Munro, Boston City Hospital, Boston, Mass., neurosurgery.

Fitzsimons General Hospital, Denver, Colo.; Dr. George A. Filmer, 1331 S. Marion St., Denver, ophthalmology; Dr. John M. Fister, general surgery; Dr. William R. Lipscombe, neurosurgery, Dr. Douglas W. Macomber, plastic surgery, and Dr. Emmett A. Mechler, obstetrics, all of the Republic Building, Denver; Dr. Ervin A. Hinds, 738 Metropolitan Building, Denver, general surgery; Dr. Foster Matchett, 1727 Gilpin St., Denver, orthopedics; Dr. Ivan E. Wallin, University of Colorado Medical School, anatomy.

Oliver General Hospital, Augusta, Ga.: Dr. W. Eugene Matthews, 753 Broad St., Augusta, otolaryngology; Dr. J. Robert Rinker, University of Georgia Medical School, Augusta, urology; Dr. John H. Sherman, general surgery, and Dr. Perry P. Volpitto, anesthesia, both of University Hospital, Augusta.

Percy Jones General Hospital, Battle Creek, Mich.; Dr. Carl E. Badgley, University Hospital, Ann Arbor, Mich., orthopedics.

Walter Reed General Hospital, Washington, D. C.; Dr. Crenshaw D. Briggs, 1835 Eye St., N.W., Washington, general surgery; Dr. James N. Greear, Jr., 1740 M St., N.W., Washington, ophthalmology; Dr. Joseph Kreiselman, 3000 39th St., N.W., Washington, anesthesia; Dr. Lloyd H. Mousel, 3000 -39th St., N.W., Washington, anesthesia; Dr. Donald H. Stubbs, 305 Mansion Dr., Alexandria, Va., anesthesia; Dr. Daniel B. Moffett, 1150 Connecticut Ave., N.W., Washington, otolaryngology; Dr. Brian Blades, George Washington University, Washington, D. C., Thoracic surgery.

Halloran General Hospital, Staten Island, N. Y.: Dr. John G. Lee, First Surgical Division, Bellevue Hospital, New York City, general surgery.

LEADING PHYSICIANS & SURGEONS NAMED AS CONSULTANTS TO SEC. OF WAR (Cont'd)

Appointees as medical consultants are:

Office of The Surgeon General: Dr. Esmond R. Long, Henry Phipps Institute, Philadelphia, Pa., tuberculosis; Dr. Hugh J. Morgan, Vanderbilt University Hospital, Nashville 4, Tenn., internal medicine.

Army Areas: Dr. E. V. Allen, Mayo Clinic, Rochester, Minn., internal medicine; Dr. George P. Denny, 44 Cedar Lane Way, Boston, Mass., internal medicine; Dr. Joseph M. Hayman Jr., 2065 Adelbert Rd., Cleveland, Ohio, internal medicine; Dr. Walter B. Martin, 7520 N. Shore Rd., Norfolk, Va., internal medicine; Dr. John Minor, 2030 R Street, N.W., Washington, D. C., internal medicine; Dr. Henry M. Thomas Jr., 1035 N. Calvert St., Baltimore, Md., internal medicine; Dr. Roy H. Turner, Tulane University Department of Medicine, New Orleans, La., internal medicine; Dr. Irving S. Wright, 400 Madison Ave., New York City, internal medicine.

Dr. Eugene C. Eppinger, Harvard Medical School, Boston, Mass., internal medicine; Dr. Worth B. Daniels, 1150 Connecticut Ave., N.W., Washington, D.C., internal medicine; Dr. William T. Rainey, 107 Bradford Ave., Fayetteville, N.C., internal medicine; Dr. George P. Robb, 737 Butternut St., N.W., Washington, D. C., cardiovascular disease; Dr. Virgil P. Sydenstricker, University Hospital, Augusta, Ga., internal medicine; Dr. Monroe J. Romansky, 8027 Eastern Ave., Silver Spring, Md., internal medicine.

EMOTIONAL ATTITUDE GREATEST BARRIER TO RECOVERY FROM APHASIA, SGO REPORTS

Among the war's victims are men who can write but not read, read but not comprehend spoken language, read with the eyes but not read aloud.

There are many other weird combinations of disabilities. The general condition is known as aphasia. It is due, in most cases, to injury of some specific area of the brain, associated with the particular activity in which the victim has lost his ability to function.

The brain generally is a quite adaptive organ. When one area is injured nearby brain tissue often is able gradually to take over its functions. Hence, aphasias are seldom permanent if treated promptly, but while they last the patients often are in a pitiable condition with little real hope, despite assurances, that they ever will recover.

Various means of speeding the brain readjustment are being tested in Army hospitals by medical and psychological officers. Often the greatest barrier to quick recovery is the emotional attitude of the victim according to one report just made to Major General Norman T. Kirk, The Surgeon General, of the Army by Captains Louis Lin and Martin H. Stein. They found that

EMOTIONAL ATTITUDE GREATEST BARRIER TO RECOVERY FROM APHASIA (Cont'd)

considerable improvement could be brought about very rapidly, in selected cases, by doses of the relaxation drug, sodium amytal along with correlated psychotherapeutic techniques. Apparently it gives the injured soldier a respite from worry, which is all the brain needs to cure itself.

They cite some dramatic cases. One young soldier had been wounded by a shell fragment on the left side of the brain. The result was partial paralysis on the right side of the body. He understood speech fairly well, although he made occasional errors. He comprehended written material, but was unable to read it aloud. He could obey simple commands and could distinguish right from left.

Reexamination after a single dose of sodium amytal revealed an increase in vocabulary, in complexity of sentence structure, and in quality of words. His mispronunciations were fewer.

Another man, also with a gunshot injury to the left side of the brain, understood spoken and written speech readily but was unable to speak except in simple phrases. He was able to name many common objects, but had great difficulty with slightly more complex ones. After one dose of sodium amytal he was able to express himself in complete sentences and name many of the less familiar objects which he had been unable to name before. He said that he had regained in a few minutes all he had lost during the painful process of evacuation.

Another soldier with a compound, depressed fracture of the skull could understand some written language but was unable to read it aloud. He talked only in brief phrases or single words, and became almost mute after a few moments of questioning. After administration of sodium amytal he was able to speak spontaneously and volubly in fairly well constructed sentences. He had some success in pronouncing written words.

The two officers predict that a large group of physically well-preserved young men will require just such help in the next few years.

Apparently all that is accomplished by the sodium amytal--several similar drugs probably would have as good an effect--is to let down temporarily the emotional barriers and give a patient more confidence in himself. However dramatic the results, the drug per se does not help restore the brain functioning. This often requires long and patient retraining, on which a recent conference was held at the Office of The Surgeon General. It is practically necessary to use the methods of the kindergarten, or even those by which infants are taught to talk, with intelligent, well-educated adults. Some of these methods, with essential variations, were discussed at the conference.

EMOTIONAL ATTITUDE GREATEST BARRIER TO RECOVERY FROM APHASIA (Cont'd)

Frequently are encountered cases so severe as to be unable to produce even the sounds required in the production of words. In such cases the actual sounds must be taught by having the patient imitate lip and tongue movements which can be demonstrated to him visually. Remembered rhymes and songs--even on the nursery jingle level--may be used to evoke other words and phrases not at the patient's command.

As the patient masters a few sounds he is taught simple words containing only these sounds and he is encouraged as soon as possible to combine these words into sentences.

On the whole the prognosis for aphasia victims is good with the training system which the Army psychologists are evolving from experience with their patients.

AMA AWARDS CITATION TO MEDICAL DEPARTMENT

Army Medical Department was recently awarded a special citation for distinguished achievement given by the American Medical Association.

In ceremonies at the 95th annual session of AMA in San Francisco, Dr. O. P. J. Falk, chairman of the Committee on Awards of the American Medical Association, made the presentation of the citation on a plaque to Major General Norman T. Kirk, The Surgeon General.

The citation read, "Special Citation for Distinguished Achievement to the Medical Department of the Army and to the civilian doctors of America who gave their services in the recent conflict and who made such outstanding contributions to the medical sciences." A Plaque read at the bottom, "The Scientific Exhibit, American Medical Association, San Francisco --1946".

BRIG. GENERAL WILLIAM C. MENNINGER SEPARATED FROM ARMY

Brigadier General William C. Menninger, former Director, Neuropsychiatry Consultants Division, Office of The Surgeon General, was returned to civilian life June 27 after three and one half years service.

Commissioned a Lieutenant Colonel, MC, on November 10, 1942, General Menninger served as neuropsychiatric consultant for the Fourth Service Command 11 months. He was assigned to the Office of The Surgeon General on December 10, 1943, in the same position he held prior to his discharge.

Before his departure, Major General Norman T. Kirk, The Surgeon General, presented him with the Army Commendation Ribbon for his services as "Chief Consultant in neuropsychiatry to the Surgeon General and as Director, Neuropsychiatry Consultants Division, from November 20, 1945, until June 28, 1946. General Menninger will continue as Chief Consultant in a civilian capacity.

BRIG. GENERAL WILLIAM C. MENNINGER SEPARATED FROM ARMY (Cont'd)

He received the Distinguished Service Medal early this year. The citation stated that "through his superior judgement, professional knowledge and inspiring leadership, the problem of neuropsychiatry in this war has been solved in a manner of which the Army and the nation can well be proud---". Under his leadership, also, the program of preventive psychiatry was established in the Army.

On November 9, 1944, General Menninger was selected as the first recipient of the Laskar Award "For the most outstanding contribution to the mental health of the men and women of our Armed Forces".

General Menninger expects to return to his former practice as Medical Director, Menninger Psychiatric Hospital, Topeka, Kan., a position he held from 1930 until he was commissioned in the Army. During World War I he was a second lieutenant in the Infantry.

THREE ARMY GENERAL HOSPITALS TO CLOSE SEPTEMBER 30, 1946

Three more Army general hospitals will close September 30, the War Department announced recently.

Declared surplus to the needs of Army Medical Department on that date by Major General Norman T. Kirk, The Surgeon General, were Cushing General Hospital, Framingham, Massachusetts, Mayo General Hospital, Galesburg, Illinois, and O'Reilly General Hospital, Springfield, Missouri. With their closing, 19 of the 55 general hospitals operating during the war will remain.

Because of diminishing patient loads, 11 general hospitals ceased operation on June 30. During the past three months 13 general hospitals were declared surplus and all but one of 13 convalescent hospitals established during World War II were discontinued. Old Farms Convalescent Hospital in Avon, Connecticut, which is maintained for blind patients only, is still in operation.

Replacing convalescent hospitals as separate entities, general hospitals in the United States will operate convalescent annexes as an integral part of their mission. Convalescent hospitals at Brooke General Hospital, Fort Sam Houston, San Antonio, Texas, Madigan General Hospital, Tacoma, Washington, and Percy Jones General Hospital, Battle Creek, Michigan, are continuing as convalescent annexes to general hospitals located there.

Patients at Cushing General Hospital will be transferred to other general hospitals in the East depending upon the type of specialized treatment the patient requires. Other great Army hospitals specialize in neurosurgery and plastic surgery, the principle types of treatment required by patients in the three hospitals which will close. Patients will be transferred smoothly without jeopardizing their welfare.

At the request of Veterans Administration, Cushing General Hospital will be "frozen" for future action by Veterans Administration.

ARMY'S INDUSTRIAL MEDICAL PROGRAM
OF POTENTIAL BENEFIT TO INDUSTRY
(Final Installment)

Surveys of Army-operated plants were made by the Army Industrial Hygiene Laboratory, covering atmospheric conditions, ventilation, illumination, toxic gases, fumes and dusts. Samples were collected and sent to the Laboratory for analysis.

An industrial medical officer was assigned to duty in the medical branch of each of the Service Commands, and an industrial hygiene officer also was stationed in each Service Command.

These officers visited all the Army-owned plants in their Service Command jurisdiction, checked the carrying out of the program, inspected working conditions and followed through on surveys made by the Army Industrial Hygiene Laboratory and the U. S. Public Health Service.

Mass tuberculosis surveys, using 35 mm. chest x-ray equipment, were made in Army-owned and operated plants, through cooperation with the U. S. Public Health Service.

In some plants, which were spread out over a wide area because of the nature of their work, such as explosive manufacture, mobile first aid units were established. These proved valuable in conserving man-hours by bringing first aid service to the employee on the job, and in conserving medical personnel. In isolated communities, where housing developments were provided for employees, the Army gave medical service and hospitalization to these employees and their dependents. Construction of hospitals was authorized.

In many Army-operated plants the pre-employment physical examination was given with chest x-ray, and frequently with serological tests for syphilis where facilities were available. Persons with open, infectious lesions of syphilis were not employed except when under treatment that rendered them non-infectious. No such persons were allowed to work with chemicals or toxic substances which might affect the liver. Although there were some deaths from occupational disease, the industrial hygiene program reduced occupational disease to the point where it was infrequent.

Medical personnel in Army plants were instructed not only to render emergency care of the sick and injured but to become familiar with types of operations going on in the plant, so that occupational illnesses and hazards could be reduced to the minimum.

Doctors were assigned in ratios of not less than one to 3,000 employees, with the ratio higher in explosive and chemicals plants. The ratio of nurses to employees was set at about one to 750 or 1,000.

ARMY'S INDUSTRIAL MEDICAL PROGRAM OF POTENTIAL BENEFIT TO INDUSTRY (Cont'd)

Employment of the physically handicapped was stressed in Army plants and valuable experience was gained which could be of value to private industry.

It was the experience of the Army that female employees could be used as efficiently and safely as men, other conditions being equal. No evidence was found that women are more susceptible to chemical intoxication than men. Other problems however, arose from the fact that women on the whole are shorter, lighter and less strong than men, for whom most factory machines are designed. Special consideration had to be given to problems of seating, reaching, leverage, size of handles, etc., and in some cases alterations in guards, tools, etc., were necessary to prevent fatigue and resulting illness and employee turnover. Many women workers also had a dual responsibility, that of home duties in addition to their work at the plant, and this plus pregnancy, dysmenorrhea and the menopause required careful placement and regulation of hours of employment.

Rules governing employment of pregnant women were as follows: No pregnant woman should work after the 32nd week of pregnancy; she should not return to work until six weeks after delivery; pregnancy should be reported to the industrial medical department so that proper supervision could be exercised; pregnant women should report every two weeks so that the nature and hours of their work could be regulated; pregnant women should not work between the hours of 12 midnight and 6 a.m. or for more than 48 hours per week, with two 10-minute rest periods during the work shift if possible; no heavy lifting or strain, or other hazardous work; provisions for maternity care and leave should not jeopardize the employee's job or her seniority privileges unnecessarily.

Following are excerpts from Army Regulations No. 40-220, dated October 1945, governing the Army's industrial medical program:

"1. General. - Civilian employees of War Department installations manufacturing, processing, storing, shipping or repairing supplies and equipment will be afforded an 'on-the job' medical and surgical service; they will be assured that they are physically fit for the job assigned, and that safe and hygienic working conditions will be maintained

"2. Emergency medical and surgical service. (a) Occupational illness or injury -- An employee sustaining an illness or disease proximately caused by the employment or any injury while in the performance of duty, whether or not disability has arisen, will be furnished such care and treatment as are necessary under the circumstances. Cases which require treatment of a more definitive or prolonged nature than the medical personnel and facilities of the installation are prepared to render will be referred to physicians or hospitals designated under 'Regulations governing the Administration of the United States Employees Compensation Act of 7 September 1916.' If the industrial medical department is adequate from a personnel

ARMY'S INDUSTRIAL MEDICAL PROGRAM OF POTENTIAL BENEFIT TO INDUSTRY (Cont'd)

and equipment standpoint to render necessary treatment and the employee can attend such department as an ambulatory case, this treatment will be afforded the employee throughout the course of his injury or illness.

"b. Nonoccupational illness or injury. -- If an employee consults the medical department for nonoccupational injury or illness during working hours, emergency treatment will be given to conserve work time. Nonoccupational illness or injury requiring continuing medical care will be referred to the employee's private physician, who will on proper request be afforded such information as is available in the medical department concerning the employee. It is not the aim of the Army industrial medical program to interfere with that medical service which should be rendered by civilian physicians of the community, and for which the employee is financially responsible.

"3. Preventive medical and engineering activities.--a. Preplacement physical examinations sufficient in detail to allow recommendations for proper job placement from the standpoint of the physical and mental capacities of the appointee and the requirements of the job will be performed on all applicants, in accordance with existing War Department and Civil Service directives, and in collaboration with the personnel office of the installation.

"b. General public health measures including periodic physical examinations immunization programs, health educational activities, and the maintenance of close liaison with safety and personnel programs will be effected when necessary and as directed by higher authority.

"c. Surveys and inspections of plant operations and general sanitation will be made as necessary to insure proper recommendations for control of occupational health hazards. At least one complete industrial hygiene engineering survey will be conducted in each installation yearly. The industrial medical department of the installation will be informed of new or changed production activities in order that an evaluation of such activities can be made from the standpoint of health hazards."

GENERAL KIRK DECORATES DR. JOHN MINOR

Dr. John Minor, 2030 R Street, N.W., Washington, D.C., was recently awarded the Legion of Merit by Major General Norman T. Kirk, The Surgeon General, in a special ceremony in the Pentagon.

Dr. Minor, former Colonel in the Medical Corps, was decorated for his work when "as medical consultant to the Surgeon of the Third Service Command from December, 1944, to December 1945, he raised the professional standards of the various hospitals of this command to a high degree of efficiency. By his leadership and exceptional professional ability he rendered outstanding services thereby reflecting credit upon himself and the military service."

Dr. Minor also served as Chief of the Medical Service, Woodrow Wilson General Hospital, Staunton, Va., while in uniform. He was recently named as medical consultant to The Secretary of War through The Surgeon General.

ARRIVALS, OFFICE OF THE SURGEON GENERAL

COLONEL GEORGE E. ARMSTRONG, MC, of Osyka, Miss., formerly Headquarters, China Service Command, APO 945 to Office of Personnel, Overhead.

COLONEL EUGENE W. BILLYCK, MC, of Monongahela, Pa., formerly MDRP, Brooke Army Medical Center, Fort Sam Houston, Tex., to Office of Plans & Operations, Deputy Director for Operations.

COLONEL JAMES M. EPPERLY, DC, of Huntsville, Mo., formerly of MDRP, Brooke Army Medical Center, Fort Sam Houston, Tex., to Dental Consultants Division, Dental Service Branch.

COLONEL WILLIAM D. GRAHAM, MC, of Laguna Beach, Calif., formerly of Headquarters, United States Forces, European Theater to Office of Plans & Operations, Hospital Service.

COLONEL JOHN M. WELCH, MC, of Opa Locka, Fla., formerly of Headquarters, Antilles Department, APO 851, Miami, Fla., to Office of Personnel, Overhead.

COLONEL ARTHUR E. WHITE, MC, of Oklahoma City, Okla., formerly of Headquarters, United States Forces, European Theater, APO 757, to Office of Personnel, Overhead.

LIEUTENANT COLONEL THOMAS M. ARNETT, MC, of Clarksburg, W. Va., formerly of Headquarters, United States Forces, European Theater, APO 757 to Office of Personnel, Overhead.

LIEUTENANT COLONEL WILBUR W. HIEHLE, MC, of Stapleton, Staten Island, N. Y., formerly of Headquarters, China Service Command, APO 945 to Office of Personnel, Overhead.

LIEUTENANT COLONEL WILLARD V. KING, MC, of Orlando, Fla., formerly of Brooke Army Medical Center, Fort San Houston, Tex., to Preventive Medicine Division, Office of Director.

MAJOR FLOYD L. BERRY, SnC, of Dalton, Ga., formerly of Fort Monroe, Va., to Army Medical Research & Development Board, Development Branch.

MAJOR FRANKLIN S. BLANTON, SnC, of Islip, L. I., N.Y., formerly of US Army Typhus Commission, Washington, D. C., to Preventive Medicine Division, Environmental Sanitation Branch, Sanitation Section.

MAJOR PIERRE J. RABIL, MC, of Goldsboro, N.C., formerly of Headquarters, Western Base Section, United States Forces, European Theater, APO 513 to Office of Personnel, Overhead.

CAPTAIN LEON JACOBS, SnC, of Brooklyn, N.Y., formerly of Brooke Army Medical Center, Fort San Houston, Tex., to Preventive Medicine Division, Environmental Sanitation Branch.

CAPTAIN JOSEPH M. NORMINGTON, MAC, of Sacramento, Calif., formerly of MDRP, Brooke Army Medical Center, Fort San Houston, Tex., to Preventive Medicine Division, Civil Public Health & Nutrition Branch, Nutrition Section.

DEPARTURES, OFFICE OF THE SURGEON GENERAL

BRIGADIER GENERAL WILLIAM C. MENNINGER, USA, of Topeka, Kansas, formerly of Neuropsychiatry Consultants Division assigned to Separation Center, Fort Leavenworth, Kansas.

BRIGADIER GENERAL JAMES S. SIMMONS, USA, of Washington, D. C., formerly of Preventive Medicine Division, Office of Director assigned to Separation Center, Fort George G. Meade, Md.

DEPARTURES, OFFICE OF THE SURGEON GENERAL (Continued)

COLONEL ROBERT J. CARPENTER, MC, of Plainfield, Mass., formerly of Office of Personnel, Overhead assigned to Separation Center, Fort Dix, New Jersey.

COLONEL RAYMOND K. FARNHAM, MC, of Scarsdale, N. Y., formerly of Physical Standards Division, Disposition & Retirements Branch assigned to Separation Center, Fort Dix, New Jersey.

COLONEL JOHN M. WELCH, MC, of Opa Locka, Fla., formerly of Office of Personnel, Overhead assigned to Office of The Secretary of War for duty with The Secretary of War's Personnel Board.

COLONEL FLOYD L. WERGELAND, MC, of Abilene, Tex., formerly of Office of Plans & Operations, Education & Training Service assigned to MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas.

COLONEL ARTHUR E. WHITE, MC, of Oklahoma City, Okla., formerly of Office of Personnel, Overhead assigned to MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas.

LIEUTENANT COLONEL MAURICE A. SCHNITKER, MC, of Toledo, Ohio, formerly of Medical Consultants Division assigned to Separation Center, Camp Atterbury, Indiana.

LIEUTENANT COLONEL HAROLD F. DORN, MAC, of Bethesda, Md., formerly of Medical Statistics Division, Overhead assigned to Separation Center, Fort George G. Meade, Md.

LIEUTENANT COLONEL JOHNSON F. HAMMOND, MC, of Washington, D. C., formerly of Deputy Surgeon General, Editorial Branch assigned to Separation Center, Fort George G. Meade, Md.

LIEUTENANT COLONEL ROBERT G. F. LEWIS, Ord Dept., of Washington, D. C., formerly of Army Medical Research & Development Board, Development Branch assigned to Separation Center, Fort McPherson, Georgia.

LIEUTENANT COLONEL AGNES A. MALEY, ANC, of Covington, Okla., formerly of Nursing Consultants Division, Overhead assigned to MDRP, Tilton General Hospital, Fort Dix, New Jersey.

MAJOR SAUL JARCHO, MC, of New York, N.Y., formerly of Preventive Medicine Division, Medical Intelligence Branch assigned to Separation Center, Fort Dix, New Jersey.

MAJOR EVERETT W. PARTIN, PC, of Denver, Colo., formerly of Army Medical Research & Development Board, Development Branch assigned to Denver Medical Depot, Denver, Colorado.

MAJOR RALPH A. PIPER, MAC, of St. Paul, Minn., formerly of Physical Medicine Consultants Division, Physical Reconditioning Branch assigned to Letterman General Hospital, San Francisco, California.

MAJOR PIERRE J. RABIL, MC, of Goldsboro, N.C., formerly of Office of Personnel, Overhead assigned to MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas.

MAJOR PHILLIP E. SARTWELL, MC, of Marblehead, Mass., formerly of Preventive Medicine Division, Infectious Disease Control Branch, Immunization Section, assigned to Separation Center, Fort Dix, New Jersey.

MAJOR ROBERT E. WILSON, MAC, of Chicago, Ill., formerly of Office of Supply, Distribution Service, International Branch assigned to Separation Center, Fort Sheridan, Illinois.

DEPARTURES, OFFICE OF THE SURGEON GENERAL (Continued)

CAPTAIN DENVER I. ALLEN, SnC, of Columbia, Mo., formerly of Preventive Medicine Division, Civil Public Health & Nutrition Branch, Nutrition Section assigned to Medical Nutrition Laboratory, Chicago, Illinois.

CAPTAIN ANDRE B. BALLARD, MC, of New York, N. Y., formerly of Preventive Medicine Division, Medical Intelligence Branch, Analysis Section assigned to MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas.

CAPTAIN EMMA L. BRITTON, ANC, of Cincinnati, Ohio, formerly of Nursing Consultants Division, Army Nurse Branch assigned to Detachment of Patients, Walter Reed General Hospital, Army Medical Center, Washington, D. C.

CAPTAIN SAMUEL L. FRENCH, MC, of Rumbler, Md., formerly of Physical Standards Division, Disposition & Retirements Branch assigned to MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas.

CAPTAIN WINSTON C. HALL, MC, of Toledo, Ohio, formerly of Physical Standards Division, Disposition & Retirements Branch assigned to Separation Center, Fort Sheridan, Illinois.

CAPTAIN FREDERICK W. KAYSER, MC, of San Jose, Calif., formerly of Physical Standards Division, Disposition & Retirements Branch assigned to Separation Center, Camp Beale, California.

CAPTAIN IRVING M. MADOFF, MC, of Clinton, Mass., formerly of Physical Standards Division, Induction & Appointments Branch assigned to Separation Center, Fort Dix, New Jersey.

CAPTAIN THERESA T. WOO, MC, of Burlingame, Calif., formerly of Preventive Medicine Division, Medical Intelligence Branch, Analysis Section assigned to Separation Center, Camp Beale, California.

CAPTAIN WILLIAM W. WUMKES, MAC, of Lennox, S. D., formerly of Office of Personnel, Military Personnel Service, Procurement, Separation & Reserve Branch assigned to Separation Center, Camp McCoy, Wisconsin.

1ST LIEUTENANT ROBERT E. HOLCOMB, MAC, of Los Angeles, Calif., formerly of Historical Division, Overseas Branch, assigned to MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas.

1ST LIEUTENANT RICHARD L. LOUGHLIN, MAC, of Woodhaven, N.Y., formerly of Historical Division, Historical Research & Manuscripts Branch assigned to Separation Center, Fort Dix, New Jersey.

1ST LIEUTENANT GORDON H. MCNEIL, MAC, of Cedar Rapids, Iowa, formerly of Historical Division, Historical Research & Manuscripts Branch assigned to Separation Center, Fort Sheridan, Illinois.

1ST LIEUTENANT PAUL J. MILLER, MAC, of Chicago, Ill., formerly of Executive Office, Personnel Authorization Unit assigned to Separation Center, Fort Sheridan, Illinois.

1ST LIEUTENANT JAMES H. STONE, MAC, of Palo Alto, Calif., formerly of Historical Division, Overseas Branch assigned to Separation Center, Camp Beale, California.

1ST LIEUTENANT MORRIS UNHER, MC, of Buffalo, N. Y., formerly of Preventive Medicine Division, Medical Intelligence Branch, Analysis Section assigned to MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas.

PROMOTIONS, OFFICE OF THE SURGEON GENERAL

Captain to Major

JAMES J. ADAMS, MAC, of Ludington, Michigan, of Office of Supply, Storage & Maintenance Service.

JOHN F. BOYLE, MAC, of Bridgeport, Connecticut, of Physical Standards Division, Office of the Director.

GRANVILLE W. LARIMORE, MC, of Chicago, Illinois, of Preventive Medicine Division, Environmental Sanitation Branch, Health Education Section.

RAY J. MOORE, MAC, of Memphis, Tennessee, of Office of Personnel, Military Personnel Service, Assignments Branch.

VICTOR H. SMITH, MC, of Chicago, Illinois, of Physical Standards Division, Office of the Director.

1st Lieutenant to Captain

ARTHUR J. COLLINS, MAC, of Greensboro, North Carolina of Office of Personnel, Military Personnel Service, Office of the Chief.

REASSIGNMENTS, OFFICE OF THE SURGEON GENERAL

MAJOR EARLE H. CHRISTENSON, MC, of Tacoma, Washington, transferred from Medical Consultants Division to Physical Standards Division, Induction & Appointment Branch.